

TAB 7 Intervention Selection Form Area 6 Corpus Christi/Coastal Bend Area
Subpopulation: Ranking

FMS-Men	African American	5
FMS-Women	African American	3
FMS-Men	Hispanic	13
FMS-Women	Hispanic	11
FMS-Men	White	15
FMS-Women	White	14

Name of Intervention	Condom Skills Education and Sexually Transmitted Disease Re-infection ¹
Risk Behavior(s)	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners • Sex under the influence of mind-altering chemicals
Influencing Factor(s) of FIBs	<ul style="list-style-type: none"> • Perceived susceptibility • Fatalism • Sexual Arousal
Intended Immediate Outcomes	A reduction in the re-infections rates for the targeted subpopulation.
Type	Individual-Level Intervention (ILI) Group-Level Intervention (GLI)
Setting	STD Clinics Other Community Based Sites
Is this intervention currently being provided in your planning area?	No.
Rationale for Selecting this Intervention:	The intervention meets all five criteria of the CDC's compendium. The CPG determined that the Needs Assessment data for the Coastal bend Area provided line information for developing a rationale. Therefore, the CPG used field experience by CPG and other community members for this purpose.

¹ Intervention from Center for Disease Control's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* page 1-6

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ALL HMAZs and the LMAZ

Subpopulation: All high priority subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in selected HMAZ, LMAZ

Name of Intervention	Prevention Case Management (PCM)
Risk Behavior(s)	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
Intended Immediate Outcomes	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently provided?	No
Rationale for selecting intervention:	This intervention should target only high-risk individuals, whether HIV -positive or HIV -negative, with multiple, complex problems and risk-reduction needs. This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals. pcm

TAB 7 Intervention Selection Form Area 6 Corpus Christi/Coastal Bend Area

ALL HMAZs and the LMAZ

Subpopulation: All BDTPS; all subpopulations; all races, ethnicities and ages

Rankings: Same as the corresponding group in selected HMAZ, LMAZ

Name of Intervention	Prevention Counseling/Partner Elicitation
Risk Behavior(s)	Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
Intended Immediate Outcomes	Increase proportion of HIV -infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based locations
Currently provided?	Yes
Rationale for selecting intervention:	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's HIV Prevention Strategic Plan Through 2005, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE:</p> <p>1) Fact Sheet p. 31. Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to request condoms, to talk with friends about AIDS, and to get tested for HIV.</p> <p>2) Fact Sheet p. 34Context Framing to Enhance HIV Antibody Testing</p>

	<p>Messages Targeted to African-American Women. This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p>pcpe</p>
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